

**OFFICIAL**

MAR-30-04 TUE 03:18 PM BOZICEVIC

FAX NO. 650 327 3231

P. 01

RECEIVED  
CENTRAL FAX CENTER

MAR 30 2004

Please type a plus sign (+) inside this box -> 

1 (04/01/2004 08:00)

Approved for use through 10/31/2004, OMIS 0051-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

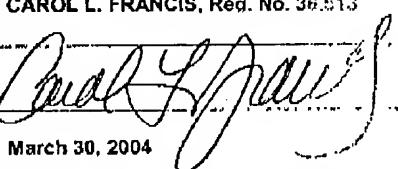
**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*Total Number of Pages in This Submission **3**

Application Number	10/634,743
Filing Date	August 4, 2003
First Named Inventor	YAMAMOTO, NAOKI
Group Art Unit	1642
Examiner Name	Not Yet Assigned
Priority Docket Number	TECH-002

**ENCLOSURE** (check all that apply)

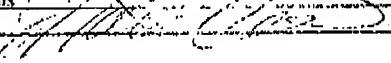
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment of Papers (for ex. A. publication)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition in Connection with a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	Change of Correspondence Address	<input type="checkbox"/> SUPPLEMENTAL ADS (2 pgs.)
<input type="checkbox"/> Information Disclosure Statement	Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) <<TEXT>>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	CAROL L. FRANCIS, Reg. No. 36,513	
Signature		
Date	March 30, 2004	

**CERTIFICATE OF FAXSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to (703) 305-9306 on this date: March 30, 2004.

Typed or printed name	Martha Cisneros	Date	March 30, 2004
Signature			

**Burden Hour Statement:** This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: P.O. Box 1450 Alexandria, VA 22313-1450.

**OFFICIAL**RECEIVED  
CENTRAL FAX CENTER

MAR 3 0 2004

**APPLICATION INFORMATION**

Application Type:: Utility  
Title:: VACCINE COMPOSITION, HIV-  
INFECTION SUPPRESSION FACTOR  
AND METHOD FOR THE  
VACCINATION AGAINST HIV  
TECH-002

Attorney Docket Number::  
Request for Non-Publication?::  
Assignee for Publication::  
Total Drawing Sheets:: 15  
Small Entity?:: Large  
License US Govt. Agency:: No  
Sequence Submission?:: No  
Computer Readable Form (CRF)?::

**INVENTOR INFORMATION**

Inventor One Given Name:: Naoki  
Family Name:: Yamamoto  
Postal Address Line One:: 2-16-5, Minamisenzoku  
Postal Address Line Two::  
City:: Oots-ku  
State or Province:: Tokyo, Japan  
Postal or Zip Code:: 145-0063  
Citizenship Country:: Japan

Inventor Two Given Name:: Yuetsu  
Family Name:: Tanaka  
Postal Address Line One:: 8-101, Ryudai-Igakubu-Shokuin-  
Shukusha, 2-16, Syuriishimine  
Postal Address Line One:: 8-101, Ryudai-Igakubu-Shokuin-  
Shukusha, 2-16, Syuriishimine  
Naha  
City:: Naha-shi  
State or Province:: Okinawa, Japan  
Postal or Zip Code:: 903-0604  
Citizenship Country:: Japan

Inventor Three Given Name:: Minataka  
Family Name:: Nakamura  
Postal Address Line One:: 3-30-14-204, Takaidohigashi  
Postal Address Line Two::  
City:: Suginami-ku  
State or Province:: Tokyo, Japan  
Postal or Zip Code:: 168-0072  
Citizenship Country:: Japan

Inventor Four Given Name:: Kunitaka  
Family Name:: Hirose  
Postal Address Line One:: 4-8-16, Kasuga-cho  
Postal Address Line Two::  
City:: Nerima-ku  
State or Province:: Tokyo, Japan  
Postal or Zip Code:: 170-0074  
Citizenship Country:: Japan

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 24353  
Telephone One:: (650) 327-3400  
Telephone Two:: (650) 833-7713  
Fax:: (650) 327-3231  
Electronic Mail:: francis@bozpat.com

**REPRESENTATIVE INFORMATION**

Representative Customer Number:: 24353